CONCORDIA DENTAL New PPO Dental Plan for 2001

Concordia Dental has over 25 years of dental benefits and claims experience and currently covers over 6 million people nationally.

Advantages to joining Concordia Dental include (see comparison to Delta below):

- ✓ Freedom To Receive Benefits From Either In Or Out-Of-Network Dentists
- ✓ Choose From Over 700 In-Network Participating Dentists
- ✓ Receive A 22% Discount Off Retail Fees From Participating Dentists
- ✓ Choose An Out-Of-Network (Non-Participating) Dentist And Receive Co-Insurance
 Benefits On Fees Up To 80% Of The Going Charges In The Area
- ✓ Direct Access To All Dental Specialists, No Referrals Required
- ✓ In-Network Providers File Claims And Accept Insurance As Payment In-Full;
- ✓ Non-Participating Providers Often Take Assignment Of Your Benefits To Them And File Claims For You. They Are Not, However, Required To Accept Insurance As Payment In Full For Fees Greater Than 80% Of Area Fees. You May Be Billed For Those Fees That Exceed the 80th Percentile of Fees in the Area.
- ✓ Change Dentists As Often As You Like Without Any Notification
- ✓ If You Dentist Is Not Participating, At Your Request (Form Attached) the Plan Will Solicit Your Dentist to Participate. You Will Then Receive The 22% Discount On Your Future Co-Insurance Payments.

Provider information

Concordia Dental

Insuring America's Dental Health

If your dentist is not participating in Concordia's network of providers, please provide the following information and we will then contact him/her on your behalf.

Dentist's Name:		
Address:		
Telephone #:		
How long have you and/or your depende	nts been a patient?	
Patient information		
Patient's name:		
i alients name.		
Employer Name: Maricopa County	Group #: 815151-000	
Employer Hame: Manoopa County	C104p #: 010101 000	
Telephone #: (Work)	(Home)	
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Please fax or mail to:

United Concordia Companies, Inc. 2198 E. Camelback Road, Suite 220 Phoenix, AZ 85016

Fax#: 602-957-6762

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<u>Features</u>	CONCORDIA DENTAL Effective date 01-01-01	DELTA DENTAL Plan Ends 12-31-00	
Annual Maximum (Increased for 2001 plan year) per person	\$2,000	\$1,500	
Orthodontic Service (Increased for 2001 plan year	50% up to \$1,500 lifetime benefit (separate from calendar year Maximum)	50% up to \$1,000 lifetime benefit separate from calendar year Maximum)	
In-Network Dentist Fee Schedule	22% Fee Discount	No Discount Offered	
Out of-network Fee Schedule for non-participating dentists	Recognizes Up 80th Percent Of Fees Charged In Area	Recognizes Up 50th Percent Of Fees Charged In Area	
Provider Network Access	In-Network, participating and Out-of-Network, non-participating providers both available		
Deductible		/\$100 per family reventive care)	
Preventive Cleaning (2X annually)	Free		
100% coverage	Preventive & Palliative	Preventive Only	
80% coverage	Basic Services Fillings Oral Surgery Endodontics Periodontics Repairs Simple extractions Complex Oral Surgery General Anesthesia	Basic Services Fillings Oral Surgery Endodontics Periodontics Palliative treatment Sealants for children	
50% coverage	Major Restorative Inlays, Onlays, Crowns Complete dentures Partial dentures	Major Restorative	
Per Pay Period Rates: Single Emp & Children Emp & Spouse Family	\$5.62 \$13.38 \$12.38 \$17.21	\$4.67 \$10.30 \$11.12 \$14.30	